

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 534,525

FILING DATE

APPLICANT(S)

6-10-05

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3		2		2		
4		2		2		
5		1		1		
6		1		1		
7		1		1		
8		2		2		
9		2		2		
10		2		2		
11		2		2		
12		2		2		
13		2		2		
14	1		1			
15		1		1		
16		2		2		
17	1		1			
18		1		1		
19		2		2		
20		1		1		
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TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	28	←	29	←		←
TOTAL CLAIMS	32		33			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						